Criterion III. Diversity. The specialty demonstrates recognition of the importance of cultural and individual differences and diversity.

Commentary: The specialty provides trainees with relevant knowledge and experiences about the role of cultural and individual differences and diversity in psychological phenomena as it relates to the science and practice of the specialty in each of the following areas: i) development of specialty-specific scientific and theoretical knowledge; ii) preparation for practice; iii) education and training; iv) continuing education and professional development; and v) evaluation of effectiveness.

Because the population is diverse:

1. Describe the specialty-specific scientific and theoretical knowledge required for culturally competent practice in the specialty, how it is acquired and what processes are in place for assessment and continued development of such knowledge.

   a. Knowledge
   Specialty knowledge for culturally competent practice includes cultural differences in communications, relating, and emotional expression; important aspects to consider in screening and forming the group; limits for confidentiality; individualistic or collaborative decision making; conflict and conflict resolution; forming the therapeutic alliance; relationships with authority figures; understanding group process and how it affects culturally and the diversity of different group members.

   Group Psychology and Group Psychotherapy guidelines for culturally competent practice have developed within the same sociopolitical environment as other areas of focus, and these are a result of the continuous research and study conducted by psychology professionals. This research, as demonstrated in Criterion II, provides a breadth of specialty-specific scientific and theoretical knowledge through which practitioners may expand their ability to effectively serve their patients, within a culturally appropriate framework. Specifically, Group Psychologists and Group Psychotherapists are required to incorporate a comprehensive understanding of the cultural and individual dynamics that affect both individuals and groups. They must adapt their preparation to be culturally attuned to clients (La Roche & Maxie, 2003).

   b. How it is Acquired
   Culturally competent practice in group psychology is derived from the APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Changes for Psychologists (APA, 2002), the requirements for cultural and diversity competencies as outcomes for students from accredited doctoral and internship psychology programs, and the continued research and literature found in leading psychology journals and books (see the abbreviated list of references below).

   Doctoral students and interns of the specialty attain training in cultural diversity through specific required trainings, including weekly diversity seminars, which provide didactic and experiential training in diversity issues, and an opportunity to discuss how cultural and individual differences impact clients and their therapy. Specialty training emphasizes the value of individual differences to recognize not only the needs of individual patients but also the unique
contributions of each practitioner. Furthermore, training programs utilize the Counseling Psychology Model Training Values Statement Addressing Diversity (pp. C20-21) to maintain an inclusive and respectful environment for trainees and staff with all cultural identities.

**Clinical Guidelines** address the implications of race and ethnicity in psychological education, training, research, practice, and organizational change. These Guidelines are the latest step in a continuous effort to provide psychologists with a framework for services to an increasingly diverse population. In effect, there is a societal and organizational history steadily providing rationale for a multicultural and culture-specific agenda. The Clinical Practice Guidelines of the AGPA Science to Service Task Force are relevant, flexible, accessible, and practical, with respect for the clinical and cultural context of patients. For instance, the Task Force offers an alternative, client-based approach to evidence-based practice, integrating the best available research with clinical expertise, applied within the context of client characteristics, culture, and preferences (APA, 2005). Group Psychology and Group Psychotherapy recognize the need for cultural competence and evidence-based practice within direct practice, particularly within the treatment of people of diversity. Moreover, the development of culturally adapted interventions moves group work from efficacy to effectiveness (Whaley, 2007).

The following excerpts from the 2002 APA Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists describe how education and training of cultural and individual differences and diversity are integrated into Group Psychology and Group Psychotherapy program curriculum:

Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture–centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds (APA, 2002). Finally, some scholars have voiced concerns that racial/ethnic communities do not directly benefit from studies in which their members participate. These concerns have led to calls for research to be designed explicitly to be of benefit to the participants' communities (Council of National Psychology Associations for the Advancement of Ethnic Minority Interests [CNPAAEMI], 2000; LaFromboise & Jackson, 1996; Marin & Marin, 1991; Parham, 1993). To insure fidelity to the community that will be involved in the study, psychologists are encouraged to develop relationships with leaders and/or cultural brokers who may be essential in the community. Even though researchers may have a particular design and implementation plan in mind, through collaborations with members of the community and potential participants, they are likely to develop credibility and trust. They also are likely to develop a more beneficial study to the community (APA, 2002). Thus, psychological researchers are encouraged to be grounded in the empirical and conceptual literature on the ways that culture influences the variables under investigation, as well as psychological and social science research traditions and skills. This may be divided into three areas, research design, assessment, and analysis (APA, 2002).

Essential knowledge within the specialty includes self and other multiple identities and how these impact the individual and the group, implicit and explicit manifestations of prejudice and stereotyping, building awareness and understandings for the many variations and interactions for cultural and diversity variables, guiding supervised practice for inclusion of cultural and diversity aspects for individuals and for the group, and building appreciation and respect for
differences. These proficiencies are first obtained in formal doctoral and internship programs accredited by APA, and later through workshops and conferences, such as those offered by APA, The Society of Group Psychology and Group Psychotherapy, the American Group Psychotherapy Association, and other professional meetings such as the Multicultural Summit hosted by APA divisions 17, 35, 44, and 45; readings from journals and books; the board certification process and requirements of the American Board of Professional Psychology (ABPP), as advised by the American Board of Group Psychology (ABGP), and the Diversity Committee, a standing committee within ABPP; and the AGPA Certified Group Psychotherapist (CGP) credentialing.

c. Processes for Assessment and Continued Development
Therapists working with culturally diverse groups are encouraged to thoughtfully interpret relationships, observing new dimensions through a multicultural lens (Herlihy & Watson, 2003). It is expected that culturally skilled practitioners will have specific knowledge regarding the following: their own racial and cultural heritage and how it personally and professionally affects their definitions and biases; how oppression, racism, discrimination, and stereotyping affect them personally and in their work, including how practitioners have directly or indirectly benefited from individual, institutional, and cultural racism; their social impact on others, including communication style differences and how to anticipate the impact on others; the particular group with which they are working, life experiences, cultural heritage, and historical background of culturally diverse clients, strongly linked to "minority identity development models;" how race, culture, ethnicity, gender, religion, experience, and other factors may affect personality formation, vocational choices, psychological disorders, help seeking behavior, and appropriateness or inappropriateness of counseling approaches; sociopolitical influences that impinge upon racial and ethnic minorities, such as immigration, poverty, racism, stereotyping, powerlessness, and impact on self-esteem; generic characteristics of therapy and how they may clash with cultural values of various cultural groups; institutional barriers that prevent minorities from using mental health services; potential bias in assessment instruments, procedures, and findings in view of clients’ cultural and linguistic characteristics; family structures, hierarchies, values, and beliefs from various cultural perspectives; and relevant discriminatory practices at the social and community level that may affect the psychological welfare of the population being served.

“Psychologists are likely to find themselves increasingly engaged with others ethnically, linguistically, and racially different from and similar to themselves as human resource specialists, school psychologists, consultants, agency administrators, and clinicians. Moreover, visible group membership differences (Hall et al., 2016; Hong & Ham, 2001; Niemann, 2001; Padilla, 1995; Santiago-Rivera et al., 2002; Sue & Sue, 1999) may belie other identity factors also at work and strong forces in individuals’ socialization process and life experiences.” (APA, 2002).

Differences include language, gender, racial heritage, religion, sexual orientation, age, disability, socioeconomic situation, and life experience (Hong & Ham, 2001; Lowe & Mascher, 2001; Prendes-Lintel, 2001). Within clinical services, underutilization of services occurs as a result of therapists’ lack of cultural sensitivity, mistrust of services, and fear that therapy may be
used as an instrument of power and oppression (Sue & Sue, 1999).

The APA encourages “cross-culturally sensitive practitioners…to develop skills and practices that are attuned to the unique worldview and cultural backgrounds of clients by striving to incorporate understanding of client’s ethnic, linguistic, racial, and cultural background into therapy.” (American Psychiatric Association, 1994; Flores & Carey, 2000; Fukuyama & Ferguson, 2000; Hong & Ham, 2001; Santiago-Rivera et al., 2002). Psychologists are encouraged to gain knowledge about the (APA, 1990) and *Guidelines for Research in Ethnic Minority Communities* (CNPAAEMI, 2000). Moreover, they are encouraged to learn about helping practices used in all cultures that may be appropriately included within psychological practice, as non-traditional interventions may be required (Fukuyama & Sevig, 1999; Santiago-Rivera et al., 2002; Sciarra, 1999; Society for the Psychological Study of Ethnic Minority Issues, 2000; Sue & Sue, 1999). Psychologists are also encouraged to participate in culturally diverse activities and to seek out community leaders, change agents, and influential individuals, when appropriate, enlisting their assistance as part of a total family or community-centered approach (Arredondo et al. 1996; Grieger & Ponterotto, 1998; Lewis et al., 1998).

“Multiculturally sensitive and effective therapists are encouraged to examine traditional psychotherapy practice interventions for their cultural appropriateness, e.g., person-centered, cognitive-behavioral, psychodynamic forms of therapy (Bernal & Scharoon-del-Rio, 2001). They are urged to expand these interventions to include multicultural awareness and culture-specific strategies.” (American Psychological Association, 2002).

The specialty adheres to non-discrimination policies, and supports programs and policies that do not discriminate on the basis of race, ethnicity, national origin, age, gender, socioeconomic status, religion, sexual orientation, gender identity, or disability. In accordance with the APA Resolution on Ethnic Minority Recruitment and Retention, the specialty takes particular care to ensure that leading committee staff, as well as trainees, are represented by diverse practitioners, such as those who are members of the National Latino Psychological Association, Society of Indian Psychologists, Association of Black Psychologists, and Asian American Psychologist Association. Furthermore, the Division 49 maintains a diversity column within the *Group Psychologist* newsletter, which is distributed throughout the field, and hosts webinars focused on diversity. Supervisory staff are appropriate role models for trainees, providing extensive experience in cultural competency and the application to practice methodologies. Staff model the respectful appreciation of differences to ensure mindful communication and conflict resolution, as well as self-care and meaningful feedback. To ensure development of cultural knowledge, primary supervisors provide direct feedback of trainees’ skills and knowledge acquisition, while secondary supervision focuses on professional development as well as competency in areas such as diversity. Group supervision, such as Case Conferencing and Diversity Seminars, allows trainees to learn from one another, improving their self-awareness as well as their awareness of other perspectives.

The following research supports the role of diversity and cultural awareness and sensitivity within the overall field of psychology and, specifically, within the Group Specialty.


2. Describe how the specialty prepares psychologists for practice with people from diverse cultural and individual backgrounds (e.g., through coursework, supervised practice, continued professional development, etc.) and how competence is demonstrated.

Diversity and multicultural competence are highly valued by the specialty training programs. Preparation for cultural competence within the specialty incorporates formal coursework on entry level group leadership skills and tasks, group membership selections and the roles and impact of culture and diversity for group members, while fostering the emergence of group therapeutic or curative factors, and group processes. This preparation also includes didactics, readings, observation, and supervised practice. Doctoral students and interns are also required to participate in case conferencing, diversity seminars, and supervision seminars for the purposes of diversity education and training. This includes verbal observation and input from supervisors as part of mid-year and end-of-year evaluations. They are also encouraged to engage in self-assessment and self-reflection to become better aware of their own knowledge of and attitudes toward their own ethnicity and cultural heritage. This helps to increase their sensitivity to and empathy toward others who are different. For example, Florida State University (FSU) Counseling Center dedicates an on-staff meeting each month to a multicultural training event that includes all trainees, professional staff, administration and administrative support staff. Interns are included in these events with the idea that professionals in training need to have multicultural exposure, experience and training.

Educational supervisors serve as liaisons and/or committee members for various diversity-related committees on their respective campuses. As noted on page 2, doctoral students and interns of the specialty attain training in cultural diversity through required trainings, which provide didactic and experiential training in diversity issues, and an opportunity to discuss how cultural and individual differences impact clients and their therapy. Specialty training emphasizes the value of individual differences to recognize the needs of individual patients as well as the unique contributions of each practitioner. Furthermore, training programs utilize the Counseling Psychology Model Training Values Statement Addressing Diversity (pp. C20-21) to maintain an inclusive and respectful environment for trainees and staff with all cultural identities. Specialty training programs, such as the program at Utah State University, provide extensive, in-depth diversity training, consisting of cultural and educational events on diversity-related topics. Examples of these events, which are similar across training programs, include:

- Utah State University (USU) Annual Inclusive Excellence Symposium
- USU Common Literature Experience
- GLBTQ Allies Training Seminar
- Martin Luther King, Jr Candlelight Vigil
- Vagina Monologues
- Annual USU Pow Wow
- International Education and Diversity Week
- Diwali
- Fiestas Americas
- Soul Food Dinner

Additionally, some knowledge and skills are developed through informal means, such as workshops, conference presentations, webinars, and podcasts. The integration of understanding,
the cultural and diversity components for individual group members and for the group-as-a-whole relies on the awareness, sensitivity and self-understanding of the group leader. Thus, psychologists within the specialty have numerous ways to acquire and maintain cultural competence during their academic preparation and afterwards through continuing education, including the aforementioned webinars, podcasts, and conferences. Examples of training seminars provided to doctoral students and interns include working with African American clients, spirituality, mastering the job search, treating panic, working with clients with bipolar disorder, motivational interviewing, working with clients with chronic health issues, sleep health, sexual assault, working with Caribbean/West Indian clients, working with clients with eating disorders, working with clients with personality disorders, vulnerability, self-compassion, psychology of women, sexual attraction, DBT, unified protocol, childhood sexual abuse, working with clients with ADHD, termination, working with clients on Autism spectrum, domestic violence, working with clients with OCD, CBASP, CBT, Biofeedback, and Grief and Loss. Examples of the professional literature used include the following:


American Psychological Association (2014). Guidelines for Psychological Practice with Older Adults.


Competence in serving diverse cultures and backgrounds within Group Psychology and Group Psychotherapy is demonstrated when practitioners’ attitudes and behaviors enable them to work effectively with individuals with diverse backgrounds. This translates to multiculturally sensitive therapists who consider psychotherapy practice interventions for cultural appropriateness with group members. Therapists will utilize appropriate techniques such as cognitive-behavioral approaches and psychodynamic forms of therapy to create strategies and group cohesion that include group members’ ethnic, linguistic, racial, and cultural backgrounds in the therapeutic process.
3. Describe how the specialty is monitoring developments and has moved to meet identified emergent needs and changing demographics in training, research, and practice (e.g., through research, needs assessment, or market surveys).

Group psychology has a rich legacy of adapting education, training, research, and practice as we are presented with new research and information. Our job is to offer the best care and training possible within the context of a fluid standard that continuously evolves.

Changing demographics are reflected in studies of race/ethnicity, sex, sexual orientation, socioeconomic status, disability, age, etc. The specialty monitors these changing demographics nationally through the American Community Survey and through APA Reports (http://apa.org/pubs/info/reports/index.aspx), with particular focus on Committee reports related to diversity (Committee on Disability Issues in Psychology, Committee on Ethnic Minority Affairs, Committee on Psychology and AIDS, Committee on Sexual Orientation and Gender Identity, Committee on Socioeconomic Status, and Committee on Women in Psychology), as well as local and national surveys that reflect important information for planning service delivery. In addition, the Group Specialty follows the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists, which provide important guidelines for multicultural psychological practice. The Specialty includes research through available tools, such as the quarterly journal *Cultural Diversity and Ethnic Minority Psychology*, as well as participation with groups such as the APA’s Committee on Ethnic Minority Affairs, the Leadership Institute for Cultural Diversity and Cultural and Linguistic Competence, the Society for the Psychological Study of Culture, Ethnicity and Race, and the Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues. Specialty training is also provided by the Special Interest Group for Gay, Lesbian, Bisexual, and Transgendered Issues (SIGGLBTI), the Racial and Ethnic Diversity Special Interest Group, the Research Special Interest Group, and the Women in Group Psychotherapy Special Interest Group within the American Group Psychotherapy Association (AGPA) at its annual Group Psychotherapy Institute and Conference. The diversity issues raised within these areas of research are discussed and incorporated through specialty leadership, as well as the relevant training programs, and in scholarly resources, such as the following:


4. Describe how the education and training and practice guidelines for the specialty reflect the specialty’s recognition of the importance of cultural and individual differences and diversity.

As with the functional competencies, the specialty incorporates the foundational competency of individual and cultural diversity and Principle D of the Ethics Code in education, training and practice (see below). Group leaders are particularly encouraged to examine how issues of privilege, power, and dominance might be functioning and how they may shape their assumptions and beliefs about group participants and create inequitable outcomes. These activities are important in the context of rapid demographic shifts and gaps. Self-examination is important as unintentional actions and beliefs often create enclaves of exclusivity that impact certain demographic groups which are left neglected, leading to failure or mediocrity.

The specialty adheres to Individual and Cultural Diversity-Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities to represent various cultural and personal background and characteristics as defined broadly and consistent with APA policy (Fouad et al., 2009). Emphasis is placed upon special attention when working with diverse populations of which one is not a member.

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence and the limitations of their expertise do not lead to or condone unjust practices.


Please note that the Practice Guidelines for The Society of Group Psychology and Group Psychotherapy are located in the Appendices in Criterion XI.

5. Describe the means for evaluation of effectiveness for the specialty as reflected in the specialty’s recognition of the importance of cultural and individual differences and diversity.

The specialty utilizes varied means to assess the effectiveness of the strategies described above among trainees and practitioners. These methods include the administration of trainee testing that
incorporates cultural competency proficiency, requirements for cultural competency papers and submission for trainees, required diversity-related case presentations and didactic presentation among trainees, required diversity-related readings, webinars and conference attendance among trainees and practitioners, and supervisor evaluations which include: direct observations, video, audio, and supervision meetings. At FSU Counseling Center, for example, interns, residents, and practicum trainees are expected to demonstrate cultural competency in written, oral and interpersonal communications with staff, students and colleagues, while doctoral interns complete a formal one-hour case conference at the close of the internship and they evaluated on the full range of criteria for the internship, which includes multicultural competency.

References


Criterion III Appendix

Appendix 1

References


